## RANCH REPORTING FORM

| Facility Number:             | Ranch Name:                  |
|------------------------------|------------------------------|
| Individual Name:             |                              |
| Address:                     |                              |
| Zip                          | Telephone Number:            |
| TOTAL NUMBER OF:             |                              |
| Mature Bulls(over yearlings) | Mature Cows (Over yearlings) |
| Yearling Bulls               | Yearling Cows                |
| Bull Calves                  | Heifer Cows                  |

| Co  |             |     |                  |           |               |               |                |      |              | E = Escape    |                     |
|-----|-------------|-----|------------------|-----------|---------------|---------------|----------------|------|--------------|---------------|---------------------|
| #   | TATTOO<br># | SEX | DATE OF<br>BIRTH | USDA<br># | RANCH<br>TAG# | REGISTRY<br># | MICROCHIP<br># | CODE | ORIGIN (Name | - Town/State) | COMMENTS or SOLD TO |
| 1   |             |     |                  |           |               |               |                |      |              |               |                     |
| 2   |             |     |                  |           |               |               |                |      |              |               |                     |
| 3   |             |     |                  |           |               |               |                |      |              |               |                     |
| 4   |             |     |                  |           |               |               |                |      |              |               |                     |
| 5   |             |     |                  |           |               |               |                |      |              |               |                     |
| 6   |             |     |                  |           |               |               |                |      |              |               |                     |
| 7   |             |     |                  |           |               |               |                |      |              |               |                     |
| 8   |             |     |                  |           |               |               |                |      |              |               |                     |
| 9   |             |     |                  |           |               |               |                |      |              |               |                     |
| 1 0 |             |     |                  |           |               |               |                |      |              |               |                     |